Overview of Findings
Greater Kansas City
Oral Health Assessment

May 8, 2014

Assessment Objectives

➢ Identify areas of strength and opportunities for improvement within the oral health system of Greater Kansas City

➢ Understand community residents' challenges to accessing oral health services and providers' concerns in offering services

➢ Focus on geographic area of:

- Jackson County, KS
- Wyandotte County, KS
- Cass County, MO
- Jackson County, MO
- Lafayette County, MO

Methods

- ➢ Review of existing social, economic, and health data
  - ▪ Examined data by geography, when available

- ➢ Key informant interviews (n=22)
  - ▪ In-depth interviews with key stakeholders from a range of sectors and agencies across the region:
  - ▪ Oral health and medical providers, advocates, educators, community services providers, dental school administrators, public health leaders, and insurers

- ➢ Focus groups (4 groups, approx. 65 total participants)
  - ▪ Engaged low-income adults (mostly parents) on perceptions of oral health and the Greater Kansas City oral health system

Methods continued

➤ Provider and stakeholder survey (n=86)

- Assessed providers' difficulties in providing care, perceptions of patient challenges in accessing care, and perceived strengths of the oral health system

➤ Scan of current oral health services and programs

- Review of reports and websites, published articles, and interviews to identify current services and gaps

➤ Literature Review

- Review of articles and papers from variety of agencies and organizations to recommend best practices and innovative approaches applicable to the Greater Kansas City oral health system

Patient Perceptions of Oral Health System

- Need for greater emphasis on prevention

- Limited coordination and integration within oral health system and between oral health and health care systems

- Lack of dental specialists

- Issues with quality of care related to providers looking for a quick fix treatment option, providing inconsistent care, and not knowing how to treat children with special needs

"I had better dental care when I was in prison. When you come in, they give you an examination and they say that the tooth might need to be pulled."—Focus group participant
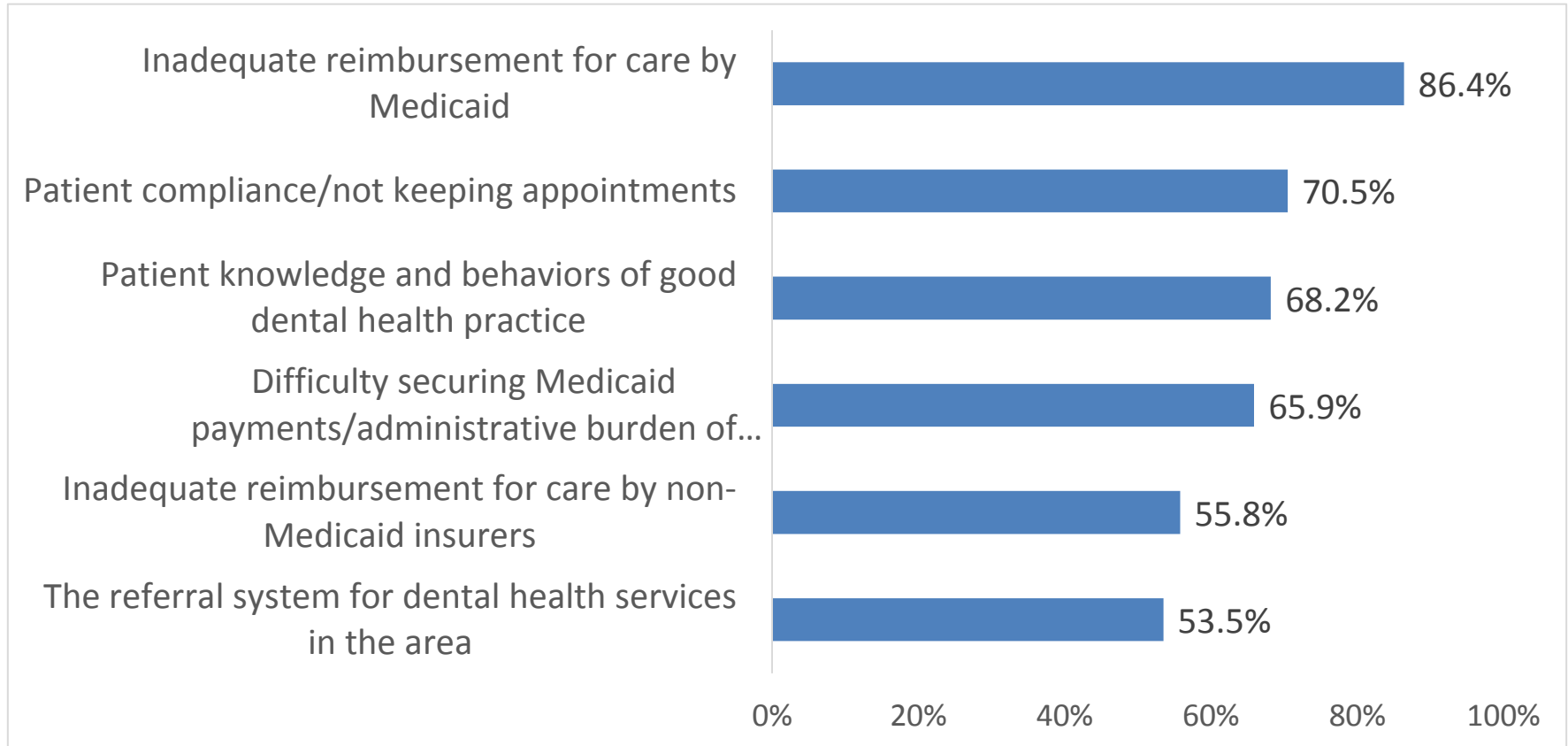
Patient Barriers to Care

➤ **Cost of Care** - *"It costs a lot, the dental care. I have insurance, but they want a lot of the money up front. If you don't have the money, they don't want to see you."*

➤ **Lack of Insurance** - *"I haven't been able to go anywhere for dental care since I was pregnant because I have no insurance."*

➤ **Transportation** - *"Now that you do qualify [for oral health services]...then you find out how far away it is and then you realize that the buses don't go there."*

➤ **Hours of Care** - *"One night a week the [dental clinic] has hours. But I can't get my four kids there, so the clinic can take all of them."*

Provider Challenges to Care

Provider Challenges for Treating Low-Income Patients in Community Perceived by Direct Service Provider Survey Respondents, 2013 (n=49)

Challenge	Percentage
Inadequate reimbursement for care by Medicaid	86.4%
Patient compliance/not keeping appointments	70.5%
Patient knowledge and behaviors of good dental health practice	68.2%
Difficulty securing Medicaid payments/administrative burden of…	65.9%
Inadequate reimbursement for care by non-Medicaid insurers	55.8%
The referral system for dental health services in the area	53.5%

System Level Challenges

- **Integration and Coordination of Care**
  - *"It's time for folks to look at dental health the way they look at other health care issues." —Key informant interview*
  - *"Dental health is seen as 'drill and bill,' but is not viewed as part of the overall medical team; this is probably because dentistry has been an isolated private practice industry and not as integrated into the overall medical team for years."*

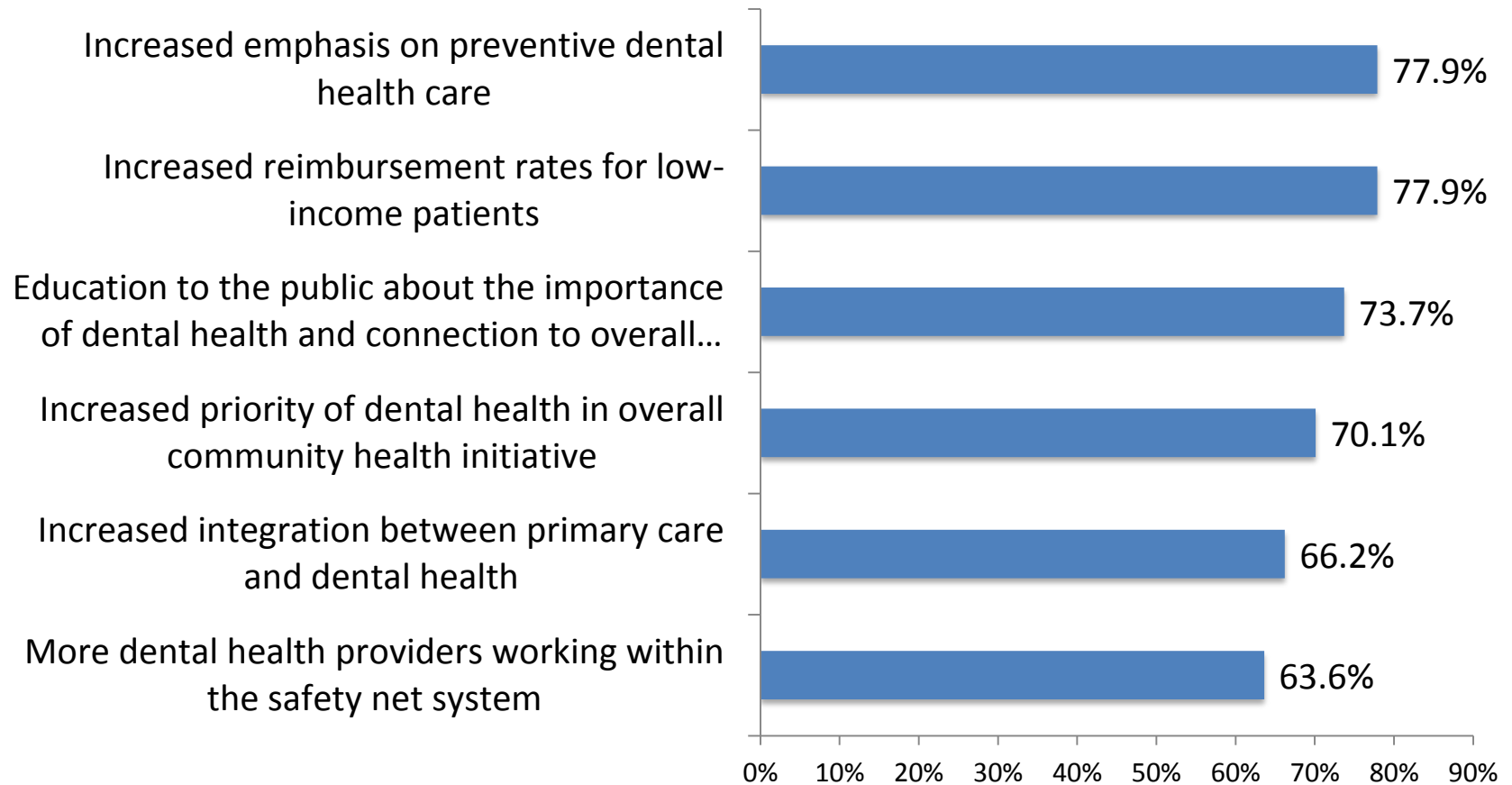- **Appropriate Workforce and Settings for Low-Income Patient Care**
  - Sufficient # of dentists in region, but not equitably distributed and not enough who accept Medicaid.
  - Providers had mixed opinions about mid-level providers and potential training & liability issues. Most providers agree on the importance of providing care in alternative, community-based settings.

Participants' Vision and Recommendations for the Future

Survey Respondents' Perceived Priorities to Address in the Future to Improve the Region's Dental Health System 2013 (n=86)

Priority	Percentage
Increased emphasis on preventive dental health care	77.9%
Increased reimbursement rates for low-income patients	77.9%
Education to the public about the importance of dental health and connection to overall...	73.7%
Increased priority of dental health in overall community health initiative	70.1%
Increased integration between primary care and dental health	66.2%
More dental health providers working within the safety net system	63.6%

Example Recommendations on Education and Convening

➢ Programmatic Approach
- E.g. Work with public health partners to conduct a multi-faceted public campaign to emphasize importance of oral health

➢ System Level Approach
- E.g. Integrate oral health providers and leaders in larger public health dialogue and decision-making bodies

➢ Policy Approach
- E.g. Support initiatives aimed at creating community water fluoridation policies

Example Recommendations on Enhancing the Workforce

➢ Programmatic Approach
  - E.g. Encourage private dental providers to begin accepting Medicaid and/or accept a greater percentage of Medicaid patients via a peer mentoring or training program

➢ System Level Approach
  - E.g. Create a Community Dental Health Coordinator (CDHC) program at the UMKC School of Dentistry

➢ Policy Approach
  - E.g. Support and advocate for the authorization of alternative models of oral health providers

Example Recommendations on Improving Integrated Care and Enhancement of Existing Oral Health Care

- ➢ Programmatic Approach
  - E.g. Provide increased training for primary care practitioners to administer oral health services in order to increase access points for underserved patients

- ➢ System Level Approach
  - E.g. Support health care settings in becoming better integrated and meeting specific needs of underserved populations

- ➢ Policy Approach
  - E.g. Support regional and/or national advocacy work to integrate medical and dental billing codes

Example Recommendations on Financing

➢ Policy Approaches
- Advocate to increase Medicaid reimbursement rates
- Encourage Medicaid to reimburse a wide range of providers
- Support instituting comprehensive oral health coverage for adult Medicaid population by developing a business case to be used for advocacy efforts